

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 0 4

2. STATE:

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 13, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.240 and 440.250 1902 (a): (a) (10);
1903 (v); 1915 (g); 1925 (b) (4) and 1932 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 22 of Section 3.1 (a)

*** See Remarks

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Page 22 of Section 3.1 (a) (10)

Puerto Rico (03-004)

Approved: 02/24/03

effective: 08/13/03

10. SUBJECT OF AMENDMENT:

Comparability of Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted to Governor's Office

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Johnny Rullán, MD, FACPM

14. TITLE:

Secretary of Health

15. DATE SUBMITTED:

September 26, 2003

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 30 2003

18. DATE APPROVED: 02/24/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/13/2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE:

Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

Originally submitted page has been revised, replaced and approved.

(Note: This page replaces Page 22 in Section III)

Revision: HCFA-PM-91-
1991

(BPD)

OMB No.: 0938-

State: Puerto Rico

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT
Services (continued)

42 CFR 441.60 /X/ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**

42 CFR 440.240 (a) (10) Comparability of Services
and 440.250

1902(a) and 1902
(a)(10), 1902(a) (52),
1903(v), 1915(g),
1925(b) (4), and 1932
of the Act

Except for those items or services for which sections 1902(a), 1902(a) (10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

/x_/_

** Describe here.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

TN # 03-04
Supersedes TN # 92-2

Effective Date 08/13/03
Approval Date 02/24/03